

Nursing & HEALTH & CARE

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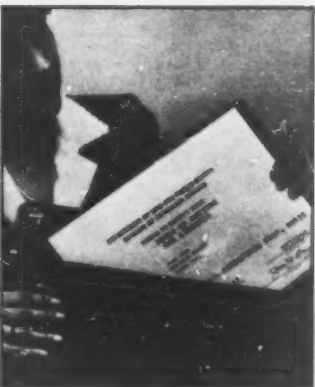


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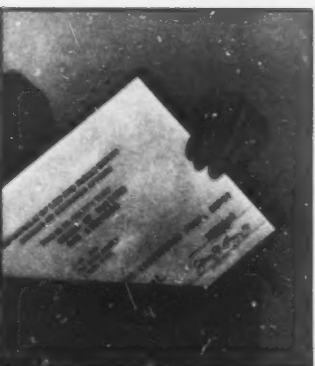


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Restricting the RN License to BSN Graduates Could Cloud Nursing's Future

Although nursing leaders have worked toward establishing the bachelor's degree as the entry requirement for professional nurses for most of this century, the American Nurses' Association (ANA) has pursued that goal with growing zeal since the late 1970s. Efforts to differentiate two levels of education and practice in nursing — professional and technical — began in the middle of the century with the establishment of associate degree nursing education. Those efforts, however, were led by educators, and, for the most part, were limited to specifying educational differences; no substantive work role differences or differential job specifications were demonstrated or documented. The absence of differential work roles and rewards in employment between associate degree and baccalaureate graduates, coupled with the relatively greater numbers of graduates from associate degree over baccalaureate programs — about two to one — has created a serious obstacle to nursing's advance toward professionalization.

Introducing a dramatic new component in the organization's formal stance, the delegation to a July 1985 meeting of the ANA adopted a set of resolutions that address the long-held educational goals. Although not different in general purpose, the 1985

VERLE WATERS

resolutions specify legal titles and set forth positions that, to be achieved, require changes in legal requirements for nursing licenses. The effect of the change in legal requirements would be to end the access graduates of associate degree and diploma programs now have to the license for and the legal title of *registered nurse*.

This is not an auspicious time to initiate either legislation or statutory regulations that change educational requirements for the license for and title of RN. The educational goal of setting the bachelor's degree in nursing as minimum preparation for professional nursing practice is desirable, appropriate, and socially constructive. But the strategy to implement that goal by changing laws or regulations in all states by 1995 is inappropriate, counterproductive, and socially irresponsible.

Questions of timing and strategy deserve examination apart from discussion of the overall objective. Even assuming general agreement on the goal that preparation for professional nursing will be a minimum of a baccalaureate degree, and that preparation for technical nursing will be the associate degree, still, proposed and implied strategies and their consequences have not yet been adequately examined and

discussed by the nursing community. How does the strategy fit with present and near-future educational resources and with current economic values and constraints? What are the risks and consequences of political failure in enacting the strategy? If success in enacting the licensing changes is possible, are there, even then, potential undesirable consequences?

Educational Resources

The current system of nursing education is poorly positioned to support the ANA's proposed strategy. Looking at the full range of educational programs leading to a license in nursing, only 19 percent of new nursing graduates are prepared in programs that offer bachelor's or higher degrees. "Educational remapping" is needed to provide a basis for enacting legislative and regulatory changes [1]. Figure 1 shows the 1983-1984 "map."

Nearly twice as many RNs who graduate each year have associate degrees or diplomas than have baccalaureate or higher degrees. If, as called for in the ANA implementation strategy, AD, diploma, and LPN/LVN graduates are all licensed at a non-RN level, and if we assume the continuation of the current educational map, second level nurses will outnumber first level nurses by a ratio of 4:1.

What is the desirable ratio? Is it 1:1, as called for in the projection of nursing requirements submitted to the pres-

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ident and Congress in 1984; 4:1, as Mildred Montag hypothesized when ADN education was established; or an average of one LPN/LVN to each three RNs, as was the actual case in acute hospitals in July 1984 [2-4]? Even without an agreed-on standard, few would argue for continuing the current proportions.

The question is, what comes first? Is it first necessary to undertake educational remapping to a point where

Proponents of the strategy to actively pursue the change in legal requirements for the RN license within the next decade expect that the educational system will accommodate the change in a timely fashion. They make two assumptions: there will be a voluntary shift among nursing students toward baccalaureate level education, and, secondly, the growing surplus of non-baccalaureate nurses in the labor market will foster relocation of pro-

of program. During the last decade, student demand for baccalaureate level nursing preparation substantially exceeded the availability of enrollment opportunities in colleges and universities that offer a BS in nursing. Apparently, resource constraints limited program expansion even in the face of increased student demand. We should not assume that baccalaureate programs can easily or quickly expand to make up for the loss of new RNs annually that would result from the change in legal requirements.

Proponents of the new strategy also voice the assumption that, if associate degree programs close, financial support of baccalaureate education will be enhanced by the diversion of money from closing programs to continuing programs. Within the intricate pathways of monetary politics in higher education, there is little reason to believe that would or could occur, except in those few institutions where both AD and BS programs are offered within a single administrative unit.

A force that could change the educational topography in nursing is a shift from nursing shortage to nursing surplus. The shortage gave rise to the deliberate introduction of the associate degree program, and moved it from the status of a dubious educational experiment to the dominant component of the educational system. If we are, as some predict, now entering a sustained period of surplus, how will it effect the educational map?

Community colleges, in which 90 percent of associate degree nursing programs are located, are, for a number of good reasons, more sensitive than are four-year colleges and universities to changing employment conditions as they set up and break down career training programs. A three- or four-year period in which a significant number of community college graduates fail to find employment in nursing would lead to lowered class sizes. If a falling job market were accompanied by a substantial decline in student applications, programs would close.

The *if* in this discussion may, however, be volatile. Some observers see the indications of a surplus as transitory and predict that a recognized shortage will soon replace the current ambiguity. New work arenas are emerging for nurses and performance demands are changing. Whatever the

Figure 1. Nursing Programs Enrollments and Graduations, 1983-1984*

Type of Program	# of Programs	Enrollments	Graduations
LPN/LVN	1225	46,712	41,881
ADN	777	104,806	44,594
Diploma	273	37,256	12,200
BSN (Generic)**	427	95,008	23,718

*Source: National League for Nursing

**Generic MSN and ND programs are included in this category.

programs and students are better positioned to support legal changes, or do we first enact new legal standards and expect the educational system to follow? It is important to be realistic as we try to picture future responses to today's actions; in this case, that means critically scrutinizing the expectation that, as a result of legislative and regulatory change of educational requirements for the RN license, both programs and students will achieve institutional relocation such that sufficient numbers in the appropriate, if undefined, mix graduate each year. Such an expectation is largely speculative, not supported by past and present trends and events.

In general, past trends are the best predictors of future events. In nursing education, those trends suggest an approximate continuation of the current proportion of new RN program graduates: 55 percent AD, 30 percent baccalaureate, and 15 percent diploma. If the full range of programs preparing students for a license in nursing is considered, the proportion of graduates each year is: 19 percent BS and higher, 10 percent diploma, 36 percent ADN, and 34 percent LPN/LVN.

grams in higher education.

Although it seems to make sense that widely publicized enunciation of the bachelor's degree standard in nursing would cause a shift in students' program choices, and that nursing programs would enlarge or contract accordingly, the choices students and institutions make are more complex than might appear at first glance. We know that the demographic characteristics of nursing students in associate degree, diploma, and baccalaureate programs differ. It is also true that the characteristics that distinguish the three student groups are related to their choice of program type; in most cases, to the extent of limiting their choice of program to a single type. In those instances, choice between types of nursing programs does not exist; it is a choice between nursing in a particular type of program or not nursing. It is possible that baccalaureate programs will not attract sufficient numbers of students to maintain the needed supply of new RNs each year.

With regard to institutional decisions, student demand is only one of several factors that influence the existence and extent of a particular type

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let us direct energy toward studies
to provide economic data
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future of the job market, it is certain to influence nursing education at all levels. Community colleges see nursing as a successful, significant, socially important occupational program and support it as long as there are job opportunities for graduates and eligible student applicants.

There are indications that a greater number of ADN graduates now accept first positions in long-term care than in previous years. The movement of more new RNs into extended care facilities promises to affect the quality of care in those settings over time. With 777 ADN programs throughout the country, and with a pattern of graduating nurses who remain to work in their communities, associate degree nursing is well positioned to place an increasing number of nurses in community nursing homes. If, however, these graduates are awarded credentials below the level of RN, their ability to make an impact will be markedly reduced. On the other hand, given the present educational map, it is unlikely that there will be enough baccalaureate graduates to extend the range of new graduate positions they take into nursing homes.

For all of the above reasons, the direction set by the ANA should allow more time for clarity and certainty about trends and outcomes of current permutations in health care delivery before initiating changes in legal requirements for licensing nurses.

Educational remapping should occur before eligibility requirements for the RN license are changed, lest a severe reduction in the number of new work force entrants with the legal title RN occur. The need for increasing the numbers of nurses prepared at baccalaureate and higher levels is of unparalleled importance. Styles and Holzemer

make these recommendations for educational remapping:

- The national organizations must work in concert to develop and support a national plan to achieve the educational remapping required.
- Regional and state planning must occur. Master plans for nursing education should name numbers, schools, programs, enrollments, etc.
- Schools should operate conscientiously within these master plans [5].

Economic Constraints

Given today's economic climate, it may be undesirable to undertake a change that costs more. The nursing initiative to require the bachelor's degree for RNs carries with it the added costs for students and for society. A student's educational costs, including lost income during the years of study, are clearly higher for longer programs. Society carries a share of those education costs, and loses the benefits of economic productivity during students' period of full-time study. The challenge becomes one of justifying the added costs in terms of benefits to students — higher earning power sufficient to offset higher education costs — and in terms of benefits to society — increased quality or quantity of nursing performance sufficient to offset the higher costs of educating nursing students.

Although nurses with bachelor's degrees do command slightly higher salaries, the differences are not great enough to offset the added costs of education [6]. From the point of view of society's investment in education, there is not yet any evidence that longer, more costly nursing education results in added quality or quantity in nursing care. As Barbara Stevens points out, it is up to

nursing to design the educational and practice situations in which the question, "Does the 1985 nursing education proposal make economic sense?" can be answered [7]. Before we argue the issue before legislative bodies and regulatory boards, let us direct energy toward studies to provide economic data with which to make the case for change. Demonstrating two differential work roles — professional and technical — in practice settings seems critically necessary as a prelude to restructuring legal requirements for two levels of practice and education. What evidence is there that a change to two levels will improve patient care?

Risk and Consequences of Political Failure

The initiative to change licensing laws and regulations by 1995 requires, for enactment, separate activities in each of 50 states. Whether proposed changes involve laws or regulations, such changes are subject to review and discussion by the citizens of the state. The shape and size of constituencies who believe they hold a substantive interest in the eligibility requirements for the RN title and license will vary by state. Not unintentionally, surely, states where ANA-supported activities have occurred or are occurring are states that have comparatively small constituencies from associate degree and diploma nursing. Most states have greater numbers of programs, faculties, graduates, and nursing service supporters who, for a variety of reasons, would oppose efforts to make associate degree and diploma graduates ineligible for the RN license and title in that state. Arguments opposing a change in legal requirements are difficult to counter. They include:

- Associate degree and diploma graduates' scores on the licensing examination for the license and title they are being denied are higher than those graduates who will now have exclusive access to the exam.
- No studies of nurse performance show that AD and diploma graduates are incompetent in the registered nurse role; in fact, studies show no differences in performance attributable to education.
- In sections of most states, associate degree nurses are the primary labor pool.

• There is irony in the provision that all persons holding an RN license at the point of change are "grandfathered" into the new, more restricted group, irrespective of educational preparation. The case for enhanced quality of care, difficult to make at best, is now compromised by the plan to incorporate into the professional category that group whose deficiencies presumably justify the change.

• Educational costs to students and taxpayers should not be increased in the absence of evidence that either benefits from the added investment.

The spectre of intensified public debate among nurses in the hearing rooms of state capitols is unappealing; worse, it compromises nurses' political credibility. One alternative is to delay efforts to change licensing structure until we've achieved educational remapping and/or sturdier demonstration of the benefits of longer educational preparation to provide a basis for rational and convincing responses to the five points listed above. Another alternative is to design new strategies for enacting the profession's educational goals that will enlist a broad base of unified support from the nursing community. The creation of an additional credential, over and above the RN, for graduates of baccalaureate or higher degree programs would be likely to enlist that support.

Consequences of Success

It is possible that success of the strategy may in the long run be more counterproductive than failure. There are dangers associated with the marked restructuring of the nursing occupation that a precipitous changeover might bring. Although thinking about these possibilities falls into the category of conjecture, they are grave enough to make them worthy of our consideration.

Unless educational remapping is achieved — and, in the annals of academic history, it is remarkable when a change of such magnitude occurs in a 10-year period — the new supply of RNs each year will be a fraction of current output. A greatly reduced number of registered nurses could give rise to a loss, not a gain in the profession's power. Hospitals, unable to fill positions traditionally held by registered nurses, could turn to predictable

alternatives — the training of more flexible, institutionally credentialled technicians or aides to carry out the direct care tasks for which there is an insufficient supply of RNs. The new, elite, better-educated RNs would now be unable, by virtue of diminished numbers, to function in direct care-giver roles. Professionals could become exclusively high-level managers, teachers of professionals, and researchers. With separation from direct practice, and from the education of large numbers of non-professionals who give direct care, there could be a serious loss of control over practice on the part of professional nurses.

The structure of the nursing profession and its role and relationships in health care delivery would be very different. Of course, to make it different is the intention. But too much is at stake to pursue a high-risk strategy. We should immediately discontinue current efforts to change legal requirements in the state and consider new strategies and activities. I believe that it is possible to develop and implement responsible social and educational policies at nursing leadership levels that will give realistic direction to individual programs, faculty, and administrators, gaining the support and the certainty needed to meet society's needs for nursing care now and for the future.

References

1. The term "educational remapping" is used by Margretta M. Styles and William L. Holzemer in their paper, *Entry into practice: Let's talk numbers*, presented at "Nursing in the 21st Century, A Conference," in Snowmass, Colorado in July 1985. I have used their metaphor in this paper, and have quoted the recommendations they offer for educational remapping. In all other respects, however, the opinions expressed in this paper are mine.
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5. See note 1, above.
6. Menemeyer, S.T., and Gaumer, G., Nursing wages and the value of educational credentials, *Journal of Human Resources* 18:39, Winter 1983. A 1978 unpublished doctoral dissertation by William Hutchings at The University of California, Berkeley reports similar findings.
7. Stevens, Barbara J., Does the 1985 nursing education proposal make economic sense?, *Nursing Outlook*, 33: 124 May/June 1985.

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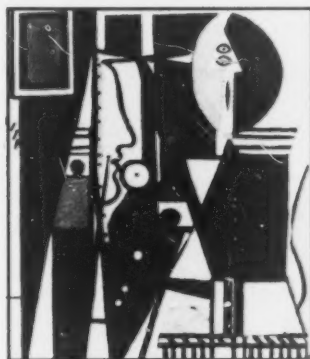
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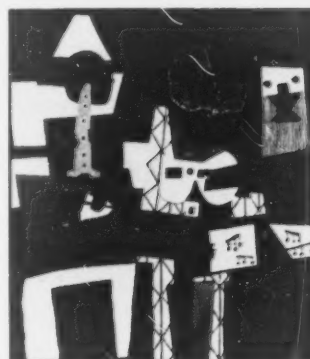


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Feature photographs of Picasso paintings in this issue were taken at the Museum of Modern Art in New York City by Irene Bayer.

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Cover Story

Higher Education Under Scrutiny



In this issue, we continue our coverage of Ten Trends to Watch. The authors examine the state of higher education today and consider a variety of new avenues to keep it alive and responsive to society's needs.



Budget Crunch Threatens Nursing's Place in the Federal Ledger

By Sally B. Solomon, MSN, RN
Director of Public Policy & Research, NLN

"This is the year of the budget in Congress. It is a historic year of new challenges and unpleasant surprises." These words of House Speaker Thomas P. O'Neill (D-Massachusetts), which were quoted in a February 6 *New York Times* article, echo the sentiments of members of Congress, the administration, and lobbyists as they work under the burden of the federal budget deficit.

Budget Proposal

The budget that the president has proposed for fiscal year 1987 adds only 3.8 percent to the budget for the Department of Health and Human Services, which is the lowest increase for that department in at least a decade. The proposal does not include funding for nursing education or research. President Reagan made this same recommendation in his FY86 budget proposal, but, through vigorous lobbying, nursing was able to obtain a total of \$64 million in appropriations. We'll have to work even more vigorously this year if we hope to maintain some funding because, although it is unlikely that Congress will adopt the president's proposal as is, it will be the starting point for their own budget deliberations.

The president has also proposed eliminating funding for the education of other health professionals. He wrote, "In view of projected national surpluses of health professionals by the end of this decade and their improving geographic distribution, continued federal aid for the training of health professions is no longer required. All major studies of supply and demand for health professionals conclude that virtually all occupations are in excess supply and that this will continue for the remainder of the decade." The president

failed to distinguish nursing from other health professions; he also failed to take into account the Institute of Medicine's projections for an undersupply of nurses with baccalaureate and graduate degrees by 1990.

President Reagan has suggested cutting a number of other domestic programs as well. For example, he has proposed allotting only \$6.8 billion to higher education, which is \$2.2 billion less than education received for this year. And, as he did last year, he has proposed increasing premiums that Medicare beneficiaries pay for services covered by Part B—physicians' services, outpatient hospital care, and home health care. He recommends that the \$15.50 monthly premium be raised to \$17.80 by next January, and to more than \$20 by 1991. President Reagan justified this proposal by pointing out that health care costs are going up more quickly than the general inflation rate, and that, since the Medicare program contributes to the federal deficit, it is subject to spending restraints.

The president has also proposed eliminating Medicare funding for nursing education. This spring, the administration will probably carry out this proposal by issuing regulations. The NLN believes that it is inconsistent for the administration to eliminate Medicare funding for clinical nursing education while it sanctions continuing support for clinical education in medicine. Our goal is to get legislation enacted that would supercede the regulations.

There is bipartisan agreement on Capitol Hill that Congress will not pass budget legislation based on the president's proposal in its present form. Observers believe that, to be acceptable to Congress, the FY87 budget will have to allocate less money for the military and grant more funds to domestic social programs than does the president's. They

also think it will have to include new ways to raise revenue.

Congress will probably debate the budget until the eleventh hour, while hundreds of special interest groups compete to get their programs funded. Nurses will have to speak loudly and clearly to be heard in that environment.

Rescissions

When the president submitted his budget proposal to Congress, he also asked that some of the funds appropriated for 1986 be rescinded. If Congress approves the request, nursing education and research will lose nearly \$55 million. The \$64 million appropriated for 1986 will drop to about \$9 million. These cuts would affect every program authorized in the Nurse Education Act, including advanced nursing education, special projects, nurse-practitioner support, research, and national research service awards for nursing. The rescissions would eliminate funding for advanced nurse-traineeships and nurse-anesthetists, and for the newly authorized demonstration projects and faculty fellowships. They would also eliminate the \$5 million that has been set aside as start-up funding for the newly created National Center for Nursing Research in the National Institutes of Health. The proposed rescissions are listed below.

1986 Funding and Rescission Proposals for Nursing Education and Research		
Category	FY86 Appropriations	Funding based on 1986 rescission proposals
Advanced nurse education	16.5*	3.7*
Advanced nurse traineeships	11.5	0
Special projects	9.5	2.3
Demonstration projects	1.6	0
Nurse-practitioners	12.0	0.4
Nurse-anesthetists	0.8	0
Fellowships	0.5	0
Research	9.7	1.5
National Research Service Awards	2.0	0.7
TOTAL	64.1	8.6

*In millions of dollars

For the rescissions to be enacted, both the Senate and the House of Representatives must approve them by April 15. If either chamber fails to act on them, they will not go into effect. Many legislative staff members believe there is a good chance Congress will reject the rescissions for nursing education and research because of the deep cuts for these programs included in the Gramm-Rudman bill and in the president's budget proposal. NLN believes that, since Congress and the president made a commitment to support these programs just two months before the president asked for the cuts, they should not back out of that commitment now.

NLN plans to testify before appropriations committees in both houses. We oppose the administration's budget and rescissions proposals because we know that the viability of many programs and the careers of many students rest on these funds. Discontinuing them would result in higher tuitions, which would add to the burden on students who are already finding it hard to finance their educations. In addition, the nursing profession is having difficulty recruiting talented students. These cuts could hinder nursing schools' development of new programs, which would make recruiting and keeping students even more difficult.

The League also opposes eliminating the funds for the nursing research center at NIH. Nurses worked hard for it, and the modest \$5 million is due us.

Gramm-Rudman

Because the balanced budget legislation now known as Gramm-Rudman had no legislative precedents, Representative Mike Synar (D-Okla.) questioned its constitutionality. In February, a three-judge panel of the Federal District Court unanimously ruled that the part of the bill that requires the comptroller general (CG) to make the final recommendation for the president's sequestration order is unconstitutional. (The sequestration order is the automatic, across-the-board cut that the president makes in order to reach target spending levels.) According to the court, this requirement violates the "separation of powers" concept of the constitution, because it asks the CG, who is a member of the legislative branch of government, to perform a function that is under the domain of the executive branch. The court did not object to the constitutionality of other parts of Gramm-Rudman, such as the provisions for across-the-board cuts and for deficit reduction targets to be established by Congress.

The Supreme Court plans to hear the case this month and to announce a decision by June. Even if the justices declare the bill unconstitutional, the process it mandates and the cuts it requires could still go into effect. There is a back-up procedure written in the bill that enables Congress to approve budget cuts by a majority vote in both houses. Also, by the time the Supreme Court issues a decision, Congress and the administration already will have approved many of the budget cuts.

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